

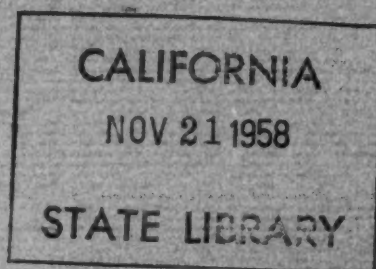
November, 1958
Vol. XIX, No. 11

Rehabilitation Literature

COMPILED AND PUBLISHED
MONTHLY BY THE LIBRARY OF
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Selected Abstracts of
Current Publications of Interest
to Workers with the Handicapped

NATIONAL SOCIETY
FOR CRIPPLED CHILDREN
AND ADULTS

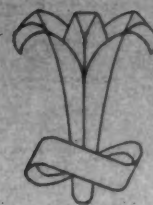


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The NATIONAL SOCIETY

for

CRIPPLED CHILDREN *and* ADULTS



Founded in 1921, the National Society for Crippled Children and Adults, the Easter Seal Society, is a nationwide federation of fifty-two state and territorial societies dedicated to the purpose of helping crippled children and adults. This objective is implemented through a three-fold program:

Education of the public as a whole, of professional persons concerned with the care and treatment of the crippled, of the families of the crippled, particularly parents, and of volunteers and employers.

Research to provide increased knowledge of the causes and prevention of crippling, and of improved methods of care, education and treatment of crippled children and adults.

Direct services to improve the health, welfare, education, recreation and employment opportunities for the crippled, toward the goal of rehabilitation.

IMMEDIATE PROGRAM AND SERVICES

Services are determined by unmet needs, existing facilities, resources of the Society

and availability of trained personnel and include case finding, diagnostic clinics, medical care, physical, occupational, and speech therapy, treatment centers, rehabilitation centers and curative workshops, mobile clinics, special education, social service, psychological services, sheltered workshops and homebound employment, promotion of employment opportunities for the crippled, recreation, and provision of equipment and prosthetic devices.

The National headquarters provides professional consultation in program planning and community organization to state and local member societies. It maintains liaison with medical specialty groups, offers legislative guidance, a nationwide lending library devoted to literature on handicapping conditions, and a free national personnel registry and employment service which recruits and refers professional workers. It also has an active program of professional education, including scholarships and fellowships, summer workshops for training of professional personnel, exhibits at professional meetings and the publication and distribution of printed materials.

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REHABILITATION LITERATURE indexes and abstracts books, pamphlets, and periodical articles on all phases of rehabilitation as relating to the care, welfare, education, and employment of handicapped children and adults.

REHABILITATION LITERATURE serves as a monthly supplement to the reference book *Rehabilitation Literature 1950-1955*, compiled by Graham and Mullen, published in 1956 by the Blakiston Division of McGraw-Hill, New York.

REHABILITATION LITERATURE is compiled for use primarily by physicians, occupational, physical and speech and hearing therapists, nurses, welfare workers and administrators, school administrators and teachers of exceptional children, psychologists, vocational counselors and employment personnel, and for students entering these professions.

The National Library on Rehabilitation

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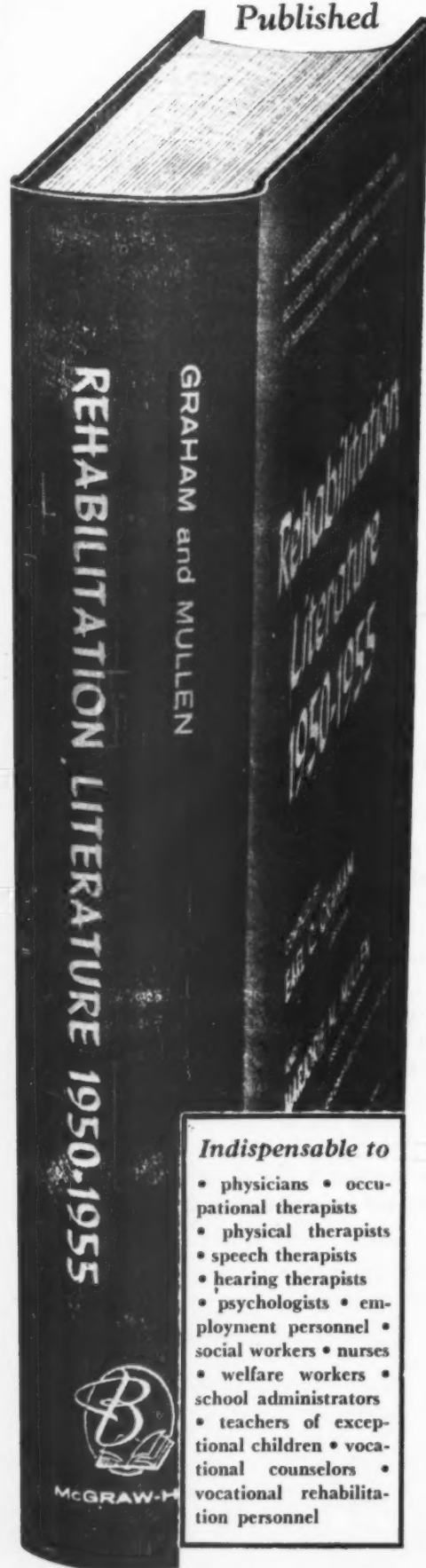
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by EARL C. GRAHAM, Librarian

and MARJORIE M. MULLEN, Assistant Librarian
National Society for Crippled Children and Adults

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practicing personnel in all disciplines related to the field of rehabilitation . . ."

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WILLIAM M. CRUICKSHANK, Ph.D., Director, Education for Exceptional Children, School of Education, Syracuse University—" . . . should appear in the libraries of all professional workers."

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LUCILLE DANIELS, R.P.T., M.A., Director, Division of Physical Therapy, Stanford University—" . . . valuable to teachers, students and workers in all of the widespread areas of rehabilitation."

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REHABILITATION LITERATURE

Subscription rate: \$1.00

November, 1958

Vol. XIX, No. 11

The monthly issues of this abstracting bulletin serve as a supplement to the reference book Rehabilitation Literature 1950-1955, compiled by Graham and Mullen and published in 1956 by McGraw-Hill Book Company, New York.

AMPUTATION--EQUIPMENT

1172. Aitken, George T. (Mich. Crippled Children Commission, Area Child Amputee Program, 920 Cherry St., Grand Rapids, Mich.)

Amputations, prostheses, and braces; the lower extremity juvenile amputee. (7) p.

In: Am. Acad. of Orthopaedic Surgeons Instructional Course Lectures. Ann Arbor, J.W. Edwards, 1957. Vol. XIV, Ch. 7, p. 329-355.

A review of the problems associated with amputation of the lower extremity in children, the postoperative complication most commonly encountered (overgrowth of bone), and the choice and fitting of prostheses. It is the author's belief that the rehabilitation potential of the juvenile amputee is greater than in the severe cerebral palsy or severe poliomyelitis patient. Complications of short stumps, scars, spurs, neuromas, and painful phantoms encountered in adult patients are not a problem in juvenile amputations. Management of the congenital amputee and those with congenital abnormalities is discussed.

APHASIA--DIAGNOSIS

1173. Heilbrun, Alfred B., Jr. (Psychology Dept., Iowa State University, Iowa City, Iowa)

Vocabulary response as related to lateralization of cerebral lesion; an investigation of "latent aphasia." J. Abnormal and Soc. Psych. Sept., 1958. 57:2:237-239.

A report of a study to evaluate the concept of "latent aphasia" by comparing the performances of two brain-injured groups and a control group on the Vocabulary subtest of the Wechsler-Bellevue, Form I. Brain-injured groups were divided into those having cerebral pathology primarily of the left hemisphere, the other involving the right hemisphere. The left-sided group did not demonstrate manifest dysphasic symptoms. Methods and results of the experimental study are described. Findings did not reveal suggestive evidence of the concept of "latent aphasia" as defined by impaired performance on a Wechsler-like vocabulary test in the absence of clinically evident dysphasia.

See also 1175.

APHASIA--SPECIAL EDUCATION--CANADA

1174. Martin, T.W.

Toronto class for aphasic children. Exceptional Children. Sept., 1958. 25:1:34-38, 40.

APHASIA--SPECIAL EDUCATION--CANADA (continued)

Describes the location, physical facilities, cost of services (including transportation), qualifications of the teacher, and aims of the program in Toronto's special class for aphasia children. Seven case histories of children participating in the class are included to illustrate results achieved. The class is no longer considered experimental in the sense of its need and effectiveness; a second class was opened in 1957.

ARCHITECTURE

See 1207.

AUDIOMETRIC TESTS

1175. Terr, Marjorie A. (Dr. Goetzinger, Hearing Clinic, Kansas Univ. Med. Center, Kansas City, Kan.)

A study of hearing acuity in adult aphasic and cerebral palsied subjects, by Marjorie A. Terr, C.P. Goetzinger, and C.L. Rousey. A.M.A. Arch. Otolaryngology. Apr., 1958. 67:4:447-455. Reprint.

A report of an experimental study to determine whether there are statistically significant differences between the auditory pure-tone threshold of normally hearing adults and aphasic adults of cerebrovascular etiology, as well as between normally hearing adults and cerebral palsied adults of the spastic type. A comparison was made also between adult aphasics and cerebral palsied adults. Equipment and procedures of the test are described and data analyzed. Hearing loss was observed in both experimental groups; possible reasons to account for such loss are discussed. 34 references.

See also 1210;1268.

AUDIO-VISUAL AIDS

1176. National Spastics Society

Value of films in cerebral palsy centers; a conference at Guy's Hospital. Cerebral Palsy Bul. Summer, 1958. 2:26-31.

A summary of a short conference organized jointly by the National Spastics Society and the Medical Committee of the Scientific Film Association, held at Guy's Hospital, London in 1957. Papers summarized include: Use of films in cerebral palsy, Dr. P.E. Polani. -Difficulties and successes in the use of films, Dr. K.T. Nicholls Palmer. -Film facilities in cerebral palsy centres, Dr. C.P. Stevens. -Relative value of kinetic and static records of the analysis of movements, C.E. Engel. -Meeting the needs of clinicians and therapists, Dr. Brian Stanford.

Main points stressed in the conference were the usefulness of films in research and teaching, for boosting morale of patients and staff, and for conveying information to lay persons.

1177. Strauss, Marion

School films for homebound pupils. Educ. Screen & Audio-visual Guide. Sept., 1958. 37:9:470-471. Reprint.

Through the cooperation of the Volunteer Film Association, an organization founded to provide for the showing of films to the homebound and those in hospitals and institutions, the home-teaching program of the public schools in the Greater St. Louis area is able to include audio-visual education to students. Administration of the program is described briefly.

BLIND--SPECIAL EDUCATION

See 1259

BRACES

1178. Street, Dana M. (Kennedy V.A. Hospital, Park Ave. and Getwell St., Memphis 15, Tenn.)

Paraplegic bracing. (6) p.

Reprinted from: Am. Acad. of Orthopaedic Surgeons Instructional Course Lectures. Ann Arbor, J.W. Edwards, 1957. 14:336-341.

Dr. Street reviews the evolution of braces for paraplegics since the time of World War II, noting changes in construction which experience with these patients has dictated. Material and design of braces and their component parts are discussed; it is stressed that proper fitting of the brace is as important as its construction. The use of prefabricated parts has proved to be more economical through reduction of the initial cost of the brace and in the saving of time by the orthotist.

See also 1172.

BRAIN

See 1269;1270.

BRAIN INJURIES

1179. Zuk, G.H. (St. Christopher's Hosp. for Children, Philadelphia, Pa.)

Perceptual processes in normal development, brain-injury and mental retardation. Am. J. Mental Deficiency. Sept., 1958. 63:2:256-259.

A condensation of a discussion given at a recent seminar on mental retardation and concerned with the role of perception in the development of both normal and deviant intelligence. The author points out the close relationship between proper perceptualization and conceptualization and how conceptual limitations of the retarded affect their learning.

See also 1184;1185.

BRAIN INJURIES--SPECIAL EDUCATION

1180. Jolles, Isaac (2431 1/2 Cherry St., Quincy, Ill.)

A teaching sequence for the training of visual and motor perception. Am. J. Mental Deficiency. Sept., 1958. 63:2:252-255.

Although the importance of the training of perception in teaching reading and number work to brain-injured children, the educable mentally handicapped, and those showing symptoms of immature perception is widely recognized, an actual teaching sequence for a curriculum in perception has not been available to teachers. The author offers such a sequence which is now in use in the Quincy (Ill.) public schools; it was developed as a result of experiences of special class teachers in the area. A progression of pegboard and block designs useful in facilitating such training is discussed, with the outline arranged on different levels geared to the amount of time it is possible to devote to a unit. Basic objectives of training for visual and motor perception are discussed.

CAMPING

See 1205.

CEREBRAL PALSY

1181. Cooper, William (535-E. 70th St., New York 21, N.Y.)

The diagnosis and treatment of cerebral palsy. (7) p.

In: Am. Acad. of Orthopaedic Surgeons Instructional Course Lectures. Ann Arbor, J.W. Edwards, 1957. Vol XIV, Ch. V, p. 293-299.

An article concerned with the causes of cerebral palsy, especially the relevant obstetric and prenatal factors, diagnostic categories, principles and methods of treatment, including drugs and surgery, and the special significance of social and psychologic factors in the management of the condition.

1182. Internatl. Record of Med. Apr., 1958. 171:4:185-228.

Partial contents: Symposium on cerebral palsy: Introduction, I. Newton Kugelmass. - Mechanism and management of cerebral palsy, I. Newton Kugelmass. - The team approach in the evaluation and treatment of cerebral palsy, Eric Denhoff. - Therapeutic procedures in treating the child with cerebral palsy, George G. Deaver. - Childhood aims and adult accomplishments in cerebral palsy, Margaret H. Jones and Joseph W. Maschmeyer. - The prevention of cerebral palsy from convulsions in children, John Strobo Prichard.

Current concepts of cerebral palsy, its diagnosis, management, and the procedures used in treating the cerebral palsied child are discussed in detail by authorities in the field. Preventive aspects and therapeutic care are stressed. The article by Drs. Jones and Maschmeyer reports on a follow-up study of cerebral palsied adults who were provided services in the United Cerebral Palsy-Los Angeles County Vocational Training Center. Many had not received the optimal education and training in childhood which is presently available for cerebral palsied children.

See also 1176.

CEREBRAL PALSY--BIOGRAPHY

1183. Cameron, Hector Charles

Spasticity and the intellect; Dr. Little versus the obstetricians. Cerebral Palsy Bul. Summer, 1958. 2:1-5.

One of the English founders of the specialty of pediatrics describes how Dr. William Little made known his views on the causes of cerebral palsy. He tells his own views on the probable cause of Lord Byron's lameness which he believed to be due to cerebral palsy. It is his belief that a clear-cut distinction should be made between children with generalized spasticity caused by developmental defects and those diagnosed as having cerebral palsy. From his experience he was encouraged to believe that the spastic child is often more intelligent than he appears to be. A short biographical note on the author, his work, and interests follows the article. It was written by his friend, T.B. Layton, on the occasion of Dr. Cameron's death.

CEREBRAL PALSY--DIAGNOSIS

1184. Illingworth, R.S. (Prof. of Child Health, Univ. of Sheffield, Sheffield, Eng.)

The early diagnosis of cerebral palsy. Cerebral Palsy Bul. Summer, 1958. 2:6-8.

An English authority in the field of child health discusses the steps in early diagnosis of cerebral palsy, stressing the importance of history taking, the physical examination, and diagnostic signs to look for in the spastic, athetoid, and ataxic forms of cerebral palsy. He points out that the most important sign is retarded development; a routine part of the examination should be the testing of motor development. It is noted that athetoid cerebral palsy cannot be diagnosed until athetoid movements are observed; ataxia can only be diagnosed after 5-6 months, while it is possible to diagnose rigidity in the first few days.

1185. Thelander, H.E. (3641 California St., San Francisco 18, Calif.)

Learning disabilities associated with lesser brain damage, by H.E. Thelander, Jane K. Phelps, and E. Walton Kirk. J. Pediatrics. Oct., 1958. 53:4:405-409.

Five years' observation of cerebral palsied and brain damaged children in the Cerebral Palsy Program of Children's Hospital, San Francisco, has resulted in recognition of atypical and aberrant behavior problems in these children. The authors point out that any interference with the integrity of the central nervous system should alert physicians, educators, and other personnel working with these children to the possibility of deviations in intellectual functioning at some stage of development. The most easily recognized are in the field of speech and hearing, usually detected when the child enters school. More subtle defects encountered are in the areas of expressive speech, understanding oral commands, writing, hearing, memory, control of hyperactivity and emotional control. Such defects can cause emotional and social maladjustments unless recognized and dealt with. Five case histories are presented.

See also 1175.

CEREBRAL PALSY--EMPLOYMENT

See 1265.

CEREBRAL PALSY--ETIOLOGY

1186. Neale, A.V.

Was Little right? Cerebral Palsy Bul. Summer, 1958. 2:23-25.

Describes how Dr. William Little evolved his theories concerning the etiology of cerebral palsy. In his historic paper delivered to the London Obstetrical Society in 1861, Dr. Little explained his views which were not immediately accepted by members of that learned group.

CEREBRAL PALSY--MEDICAL TREATMENT

1187. Katz, Ben E. (519 Main St., Twin Falls, Idaho)

Education of cerebral palsied children; the role of meprobamate; a preliminary evaluation. J. Pediatrics. Oct., 1958. 53:4:467-475.

Results of an experiment employing meprobamate with cerebral palsied children enrolled in Twin Falls, Idaho, Cerebral Palsy School are evaluated to determine value of the drug in influencing students' ability to learn. Ability of each child to follow the regular school program and changes in physical status following administration of the drug were observed. No direct influence of meprobamate on attention span or ability to learn could be proved, but there was evidence of substantial improvement in academic progress over a year's time. It is thought that alleviation of muscle spasm and involuntary or spastic movements contributed to a greater endurance in the child, thus encouraging a longer attention span. Anxiety and emotional tension were reduced. Therapeutic response appeared in each child, where results were successful, only above a specific dosage level.

CEREBRAL PALSY--MEDICAL TREATMENT (continued)

1188. Terhune, S. Ralph (1927 - 1st Ave., N., Birmingham 3, Ala.)

The role of the orthopaedic surgeon in the management of cerebral palsy, by S. Ralph Terhune (and others). (6) p.

In: Clinical Orthopaedics. Philadelphia, J.B. Lippincott Co., 1958. No. 11, Ch. 16, p. 132-137.

Some surgical procedures used in cerebral palsy are discussed, with their contraindications. The surgeon is advised that in the majority of instances muscle training and other aspects of treatment should be initiated to observe results before surgery is considered. The role of the orthopedist should include the prevention of deformities, the development of useful function of the upper extremities, and independent ambulation. Surgery merely to improve appearance is ill-advised. It is not an important over-all part of the habilitation of these patients and the orthopedist should be content to serve as a member of the professional team necessary in the management of the cerebral palsied.

See also 1237.

CEREBRAL PALSY--PHYSICAL THERAPY

1189. Semans, Sarah (56 Santa Maria Ave., Menlo Park, Calif.)

A neurophysiological approach to treatment of cerebral palsy; introduction to the Bobath method. Phys. Therapy Rev. Sept., 1958. 38:9:598-604. Reprint.

The author of this article has been interested in appraising the motor problems of cerebral palsy and in evaluation of the effects of procedures proposed by Dr. Karel Bobath and Mrs. Berta Bobath of Great Britain. She describes procedures suggested in the Bobath method to reduce or eliminate abnormal tonic reflex activity and to facilitate postural control and normal motor activity. 16 references.

See also 1237.

CEREBRAL PALSY--PSYCHOLOGICAL TESTS

1190. Williams, Jessie M. (Guy's Hospital, London, England)

Some special learning difficulties of cerebral palsied children, Cerebral Palsy Bul. Summer, 1958. 2:9-20.

Written to aid teachers in recognizing the special learning difficulties of cerebral palsied children, this article discusses briefly the three main types of cerebral palsy and how they affect the physical condition of children. Learning disabilities discussed are disorders in perception and language ability, distractibility, and perseveration. Suggestions are made for overcoming these problems in the learning situation.

CHILDREN'S HOSPITALS

1191. Blom, Gaston E. (Massachusetts Gen. Hospital, Boston 14, Mass.)

The reactions of hospitalized children to illness. Pediatrics. Sept., 1958. 22:3:590-600.

Previous pediatric and psychiatric studies of the effects of hospitalization on the sick child have most frequently stressed the adverse impact of hospitalization. Fewer studies concerned with constructive forces within the child, his family, and the hospital environment which can facilitate adaptation have been reported. Dr. Blom shows how emotional reactions of the child to hospitalization and illness are determined by the nature and degree of stress from realistic and unconscious sources. Experience in the Child Psychiatry Unit of Massachusetts General Hospital's Psychiatric Service served as the basis of the discussion.

CHRONIC DISEASE--MINNESOTA

1192. Minnesota. Department of Health (University Campus, Minneapolis 14, Minn.) Survey of homebound persons, 1956...1958, Wright County, Minnesota; a report of the Homebound Survey Committee.... Minneapolis, The Dept., 1958. 27 p. tabs. Mimeo.

Because of numerous requests received by local health and welfare agencies for care of chronically ill persons living at home, it was decided to survey Wright County to determine the number of such persons, their disabilities, the cause and length of disabilities, various medical, nursing, and social needs of the disabled, and whether such needs were being met. A further aim was to locate persons giving such care in the home with the aim of giving instructions in home nursing, where so desired. Statistics are included on age and sex of the patients, number using special equipment, types of disabilities, disability status, type of care received, duration of homebound condition, and unmet needs. Recommendations for improving services were made by the Survey Evaluation Committee.

CHRONIC DISEASE--VERMONT

See 1254.

CLEFT PALATE--MEDICAL TREATMENT

1193. Longacre, J.J. (1503 Carew Tower, Cincinnati 2, Ohio)

The role of the posterior pharyngeal flap in rehabilitation of the patient with cleft palate, by J.J. Longacre and G.A. deStafano. Am. J. Surg. Dec., 1957. 94:6:882-888. Reprint.

A brief review of the literature on this particular procedure and a report of the writers' experience with the technique (with and without retropositioning of the palate) on 52 patients for such conditions as: paralysis of the palate (resulting from bulbar poliomyelitis), rhinolalia aperta due to submucous cleft with failure of fusion of the muscles, congenital foreshortening of the palate, and scarred foreshortened palates following cleft palate repair. Marked nasal escape with typical cleft palate speech was present in all cases. Patients ranged from very young children to adults up to 40 years of age. Although this procedure was apparently abandoned years ago because of the dangers of infection, present day methods and drugs have made possible the successful application of the technique.

CLEFT PALATE--PROGRAMS

1194. Warren, M. Margaret (P.O. Box 331, Bogalusa, La.)

The organization of cleft palate teams, 1939-1955, by M. Margaret Warren and Charles L. Hutton. Plastic and Reconstructive Surg. Mar., 1958. 21:3:204-210. Reprint.

Reports results of a survey to determine the organization of rehabilitation teams of specialists for cleft lip and/or cleft palate patients, their location in the United States, and the types of services they provide. It was found that the original team membership was fairly equally distributed between medical, dental, and other personnel; the largest increase in team membership involved speech and hearing personnel. Programs tended to be single team, hospital connected and non-itinerant, offering diagnostic and therapeutic services. A large majority of the teams were state administered and fees, when charged, were based on ability to pay. Financial aid to patients was more readily available for surgical and dental services than for other types.

CLEFT PALATE--SPEECH CORRECTION

1195. Hynes, Wilfred. (United Sheffield Hospitals, Royal Hosp. Annexe, Fulwood, Sheffield, England)

The examination of imperfect speech following cleft-palate operations. Brit. J. Plastic Surg. July, 1957. 10:2:114-121. Reprint.

Describes a quick and simple method for testing speech results following cleft palate operations. It not only demonstrates speech faults but also locates the structures responsible for them. Four common causes of imperfect speech following such operations are considered, as well as the methods used by the patient to compensate for faulty tongue movements, faults of the upper lip, dental faults in the incisor region, and for palato-pharyngeal incompetence. Procedures of the examination are explained. A dental training plate useful in correcting abnormal tongue movements is illustrated.

CONGENITAL DEFECT

1196. Gould, Joan

Will my baby be born normal? New York, Public Affairs Committee, 1958. 20 p. (Public Affairs pamph. no. 272)

Prepared to inform the public concerning the many causes of abnormality in the new-born infant, what the expectant mother can do to insure a healthy child, the conditions which may cause premature birth, genetic aspects of abnormality, and some sources of help for parents whose children are born with abnormalities. The current pamphlet was aided in part by a grant from the Association for the Aid of Crippled Children, New York City.

Available from Public Affairs Pamphlets, 22 E. 38th St., New York 16, N.Y., at 25¢ a copy.

CONVALESCENCE--INSTITUTIONS--NEW YORK

1197. Kaye, Norman L. (Saratoga Hosp., Saratoga Springs, N.Y.)

Nurses' home to nursing home. Hospitals. Sept. 16, 1958. 32:18:39-41.

Tells of the remodelling of a former nurses' home into a long-term care unit for convalescent and chronically ill patients. Advantages of the unit are its nearness to the hospital and the sharing of services for maintenance of the building, bookkeeping, and the provision of medical and surgical supplies. Patients can be more closely supervised by their doctors and expert advice is more readily available. Problem areas are discussed as well as the organization of services, staffing, financing, and type of patients served.

CONVALESCENCE--RECREATION

1198. Reese, Ethel M.

The Story Lady Nurse. Nursing World. Oct., 1958. 132:9:15-17.

The value of storytelling and techniques which appeal to hospitalized children, from toddlers to teenagers, are discussed. The plan calls for a nurse, student nurse, or a nonprofessional person to play the role of the Story Lady Nurse. Dramatic activities in which convalescent children can participate help them to overcome fears and anxieties and the monotony of being bedridden.

CRIME

1199. Frankenstein, C. (Hebrew University, Jerusalem, Israel)

Low level of intellectual functioning and dissocial behaviour in children. Am. J. Mental Deficiency. Sept., 1958. 63:2:294-303.

In order to explain the relationship between a low level of intellectual functioning and dissocial behavior in children, the author first defines, then analyzes the main causes for low intelligence. Main reaction-types of feeble-minded persons are discussed, as well as the impact of feeble-mindedness on various stages of the child's development. The writer shows how low intelligence can be interpreted both as a cause and as a result of dissocial behavior. Negative environmental conditions also may be responsible not only for biological or ontogenetic deterioration of intellectual potentialities, and, indirectly, for behavioral deviations, but also for intellectual and behavioral maldevelopments. 23 references

See also 1264.

DEAF

1200. Alexander Graham Bell Association for the Deaf

Proceedings of the 68th annual meeting of the...Pittsburgh, June 22-27, , 1958. Volta Rev. Sept., 1958. 60:7:299-416.

Entire issue devoted to the Proceedings.

Contents: Presidential address, S. Richard Silverman. -(Research) Academic achievement: A study of the increment of progress in selected areas of academic achievement of children in elementary grades in public and private schools, June Miller. -Frequency discrimination of deaf children and its relationship to their achievement in auditory training, Gerald L. Strizver. -The effect of hearing one's own voice among children with impaired hearing, Louis M. DiCarlo. -The vocal effects of delayed auditory feedback and their implications for the teaching of speech to the deaf, Stephen P. Quigley. -A profile of the hearing and speech of Gallaudet College students, D. Robert Frisina and Raymond J. Bernero. -Limitations on the use of intelligence scales to estimate the mental ages of children, Robert C. Bilger. -Teaching speech and language to aphasic children, Frank R. Kleffner. -Experiences with children who failed to learn to talk when taught as deaf or hard of hearing, Edna K. Monsees. -(Language and Reading) Relation of speech and language development to intelligence and socio-economic status, Mildred C. Templin. -The interrelationship between language and reading, Ruth G. Strickland. -A developmental curriculum, Sister Anne Bernadine. -Improving the reading ability of deaf children, Margaret H. Fitzgerald. -Recreational reading and library program, Patricia Cory. -Living language for the deaf, Mildred A. Groht. -Language disability in children with hearing impairments, Alice Streng. -(Supervision) Supervision in Australian schools for the deaf, Jean Walter. -(Teacher education and recruitment) Major problems in teacher education and recruitment, Stephen P. Quigley. -Relationship between the educator and parents of deaf children, Paul Rotter. -Parents and specialists, H. Latham Breunig. -The relationship of the speech and hearing center to the parent of the deaf child, Beatrice Jacoby. -(Speech) Acoustic and visual language communicating systems, Rev. Bernard Th. Tervoort. -Speech in our upper school, Margaret Wood. -The need for a school to have a philosophy of teaching speech, Alice Monaghan. -Speech for outside activities, Grace Mannen. -(Audiology) Changing concepts in audiology, Mary Rose Costello. -Preparation of the audiologist and his responsibilities in the

DEAF (continued)

residential school for the deaf, Robert E. Roach. -Relation of some audiologic findings to the use of hearing aids, Robert Goldstein. -The audiologist in the residential school, Frank Freuh. -(Auditory training) Aims and goals of an auditory program in a school for the deaf, Elizabeth Titsworth. -Enriching deaf children's experiences through auditory training, Betty L. Bollbach. -Let's help them listen, Sister Marianna.

DEAF--MENTAL HYGIENE

1201. New York State Psychiatric Institute (722 W. 168th St., New York 32, N. Y.)

Mental health planning for the deaf; report on a conference of New York State organizations for the deaf, held at the... June 14, 1958; ed. by John D. Rainer... New York, The Institute, 1958. 29 p. illus.

This report of the Conference may be considered the ninth in a series of progress reports on the Mental Health Project for the Deaf, conducted by the Dept. of Medical Genetics, New York State Psychiatric Institute. Established in 1955 through a grant from the Office of Vocational Rehabilitation, it provides services of a mental health clinic to the deaf, in addition to carrying on research into the adjustment of the deaf and the types of therapy best suited to cope with personality disturbances in this group.

DEAF--SPECIAL EDUCATION

1202. Myklebust, Helmer R. (School of Speech, Northwestern Univ., Evanston, Ill.)

The deaf child with other handicaps. Am. Annals of the Deaf. Sept., 1958. 103:4:496-509.

Among the multiple disorders encountered in deaf children are: brain damage with specialized language disorders, generalized mental retardation, emotional disturbances, motor disorders, impaired vision, epilepsy, cardiac disease, and various conditions affecting the general health. Statistics from a pilot study of deaf children in a day school presenting unusual learning and adjustment problems are analyzed; tests administered in the evaluation are discussed briefly. Implications of the findings for educational programs in schools for the deaf are outlined. 24 references.

1203. Thomas, Elizabeth Scott (Ohio School for the Deaf, Columbus, Ohio)

A system of sentence structure for the development of language for the deaf. Am. Annals of the Deaf. Sept., 1958. 103:4:510-523.

Describes a system found useful in developing simple sentence structure for deaf children at the Ohio School for the Deaf. Eight different types of sentence patterns were selected from reading and language texts as examples of those which children at the primary and intermediate levels would encounter frequently in their reading. Symbols are used to indicate classification of vocabulary words and their place in basic sentence patterns. Use of the symbols aids the child in correcting his mistakes. It is hoped that the system will contribute to fluency in lipreading, speech, reading, and self-expression; grammar as such is not stressed with the small deaf child.

DENTAL SERVICE

1204. Silverman, Sidney I. (Bird S. Coler Hosp., Welfare Island 17, New York, N. Y.)

Nutrition and dental care in a physical medicine and rehabilitation program, by Sidney I. Silverman and Jerome S. Tobis. Arch. Phys. Med. and Rehab. Sept., 1958. 39:9:555-559.

Presents observations based on statistical and clinical data from preliminary studies of the nutritional habits of chronically ill patients and their relation to physical medicine and rehabilitation procedures. It is believed that the high incidence of dental disability in these patients contributes to their malnutrition. Other factors, such as the patients' previous social customs in regard to diet, the effect of the hospital regime, and of related medical conditions, likewise contribute to poor nutrition. Comprehensive dental care, in addition to helping to prevent malnutrition, can contribute to the improvement of speech, the appearance, and consequently to psychological adjustment to disability.

DIABETES--RECREATION

1205. Martin, Marguerite M.

Camping for diabetic children. Nursing World. Oct., 1958. 132:9:21-23.

Describes the benefits of summer camps for diabetic children and uses as illustration two such camps in Massachusetts which are typical of the 26 in operation in various sections of the United States. Programs, both medical and recreational, are discussed, and the addresses of organization where additional information is available are given.

EMPLOYMENT (INDUSTRIAL)

1206. President's Committee on Employment of the Physically Handicapped (Washington 25, D. C.)

Reports on employment of the handicapped; personnel and industrial relations, two doctors, the safety engineer. Washington, D. C., Gov't Print. Off., 1958. 35 p.

Portions of three panel discussions on personnel, medical and safety factors in the employment of the handicapped are presented through the cooperation of Gerald D. Bradley, Chairman of the Centinella Valley (Calif.) Committee for the Employment of the Handicapped.

Contents: Personnel planning in employing the handicapped at Northrop Aircraft, Inc., John B. Clark. -What personnel has learned from the handicapped at Repcal Brass Co., Ford Cowing. -Rehabilitation as a by-product of remunerative employment at Hughes Aircraft Co., W. Gerard Tuttle. -The utilization of special groups such as the epileptic, heart, TB, deaf and aged as practiced at Northrop Aircraft, Inc., Dr. Roger D. Mackey. -The industrial team for utilization of the physically handicapped as practiced at AiResearch Manufacturing Co., Dr. A. C. Remington. -The safety engineer: Extent of the problem, L. M. K. Boelter. -What safety has learned from the handicapped at Northrop Aircraft, Inc., Lee B. Johnson. -The safety engineers part in the placement of the physically handicapped at AiResearch Manufacturing Co., Harold Hemphill.

EMPLOYMENT (INDUSTRIAL)--PLACEMENT

1207. Employment Security Rev. Sept., 1958. 25:9.

Title of issue: Frontiers of service to the handicapped.

EMPLOYMENT (INDUSTRIAL)--PLACEMENT (continued)

Contents: A modern frontier, Clyde W. Gleason-Advances in hiring the handicapped under the Federal Merit System, Eugene R. Chapin.-Placing the rehabilitated mental patient, Barrie L. Dyer.-Public buildings and the handicapped, Sumner G. Whittier.-Progress report on the "Selective Placement Index." -After the demonstration was over, Janet I. Pinner.-Assessing our progress in hiring the handicapped, Earl Bunting.-Pictures tell the story.-Service to the handicapped in smaller communities, Clara Bell K. Shands and Kathryn E. Lewis.-Look to the future, A. D. Puth.

EPILEPSY--PARENT EDUCATION

1208. Kamin, Sheldon H. (5449 W. Congress, Chicago 44, Ill.)

Group dynamics in the treatment of epilepsy, by Sheldon H. Kamin, Charley Jackson Llewellyn, and Winnie L. Sledge. J. Pediatrics. Oct., 1958. 53:4:410-412.

Describes techniques employed for parent education in a pediatric seizure clinic which may be applied to the office practice of any group of physicians. Purely medical questions submitted by parents are answered by physicians; all other questions are discussed by parents as a group. A social worker is also a member of the clinic team. Where services of highly trained specialists in a large medical center are not available to epileptic children, this mode of treatment has proved very valuable in helping parents understand and control the child's seizures.

FACIAL PARALYSIS--PHYSICAL THERAPY

1209. Mosforth, J. (General Infirmary, Leeds, England)

Physiotherapy for Bell's palsy, by J. Mosforth and D. Taverner. Brit. Med. J. Sept. 13, 1958.. 5097:675-677.

Reports a controlled trial of the value of galvanic stimulation in the management of Bell's palsy in 83 patients studied until recovery was complete or for at least a year. Infra-red radiation followed by interrupted galvanism to 11 individual facial muscles on the affected side was administered daily at first, and later, three times a week. The writers report no significant advantage from the use of galvanic stimulation in this condition. The cost of daily visits for electrotherapy does not seem justified, in their opinion.

HARD OF HEARING

See 1268.

HARD OF HEARING--PROGRAMS

1210. Newby, Hayes A. (3886 Mumford Pl., Palo Alto, Calif.)

School hearing conservation programs. Hearing News. Sept., 1958. 26:5: 9-14, 16-20, 22.

Discusses in detail the procedures and equipment necessary in an audiometric testing program, the first step to be taken in a hearing conservation program in the schools. Several types of tests are described; for schools unable to procure the services of an audiometrist, suggestions are made for discovering hearing loss by other means. It is the school's responsibility to see that children with hearing loss have adequate medical follow-up and that special education facilities be made available for those with permanent hearing loss. Aspects of the complete program for rehabilitating children with hearing handicaps are considered.

Reprints of this article are available from American Hearing Society, 1800 H St., N. W., Washington 6, D. C., at 35¢ a copy.

HEART DISEASE

1211. Glathe, John P. (Mayo Foundation, Rochester, Minn.)

Frequency of cardiac disease in patients with strokes, by John P. Glathe and Richard W. P. Achor. Proc., Staff Meetings Mayo Clinic. Aug. 20, 1958. 33:17:417-422.

A review of the literature revealed an apparent frequency of acute cardiac disease in patients presenting symptoms of a stroke and whose primary difficulty seemed to be of cerebrovascular origin. This is the report of a study of such patients seen by Mayo Clinic physicians during 1955. Clinical findings, laboratory findings, and necropsy evidence where available were studied. The implications of cardiac disease masquerading as a stroke are considered in the light of possible therapy. Of 66 patients, 23% had associated acute cardiac disease. Prompt recognition of this factor and an accurate diagnosis will result in the employment of specific therapy which could result in a more favorable prognosis.

See also 1267.

HEART DISEASE--EMPLOYMENT

1212. Slipyan, Alvin (55-01 Van Horn St., Elmhurst, L.I., N.Y.)

Effects of competitive industrial activity on severely disabled cardiac patients. J. Am. Med. Assn. Sept. 13, 1958. 168:2:147-153.

In same issue: Work effort and the disabled. (An editorial). p. 190.

A report of a recent detailed study, conducted at Abilities, Inc., Albertson, N.Y. under a grant from the North American Insurance Co., to evaluate the effect of competitive employment on specific cardiac disabilities. Of the group of 19 employees studied, all were classified as having severe or advanced heart disease; 10 would be considered unemployable in industry because of coronary artery disease with myocardial infarction and a history of one or more attacks. Experience with this group has demonstrated that remarkable improvement was exhibited by some of the employees. This would seem to contradict the belief that persons with severe cardiac disease require constant rest and should retire from employment. Case histories of employees with postmyocardial infarction, rheumatic heart disease, and hypertensive heart disease are included. Elimination of the fear of heart disease appears to be the major problem to be overcome by the general practitioner in efforts to rehabilitate patients with cardiovascular disease.

The editorial discusses the work of Abilities, Inc., the company founded by Henry Viscardi, Jr. in 1952 to provide employment under competitive conditions to handicapped persons. The research-education affiliate of Abilities, Inc., the Human Resources Corporation, has undertaken a long-range research project to identify physical, social, and emotional characteristics of severely disabled persons unemployed for long periods of time and how these characteristics change when the disabled are employed, as well as to compare these persons with the disabled who are receiving public assistance.

HEMIPLEGIA--MEDICAL TREATMENT

1213. Hoberman, Morton (N.Y. State Rehab. Hospital, West Haverstraw, N.Y.)

Restorative physical medicine and rehabilitation in hemiplegia. J. Mich. State Med. Soc. Sept., 1958. 57:9(Section I):1290-1292, 1294.

Factors to be considered in achieving maximum rehabilitation of the hemiplegic patient are discussed, with all phases of the treatment program generally considered. Early active treatment is stressed as vital; the specific movement

HEMIPLEGIA--MEDICAL TREATMENT (continued)

or exercise therapy prescribed varies considerably in different treatment centers. Whatever method is used, however, should take into consideration the patient's ability to understand what is being done and to be motivated to produce maximal effort. Psychological problems and sensory disturbances may be so severe as to need special attention.

HEMIPLEGIA--PHYSICAL THERAPY

1214. Barraclough, Rosemary (St. Bartholomew's Hosp., London, S. E. 1, England)

Methods of proprioceptive neuromuscular facilitation as applied to the re-education of the hemiplegic patient. Physiotherapy. Sept., 1958. 44:9:252-257.

The second of a series of articles appearing in Physiotherapy on the techniques of proprioceptive facilitation (for first of the series, see Rehab. Lit., Oct., 1958, #1137). The author describes use of the techniques specifically in re-education of the hemiplegic; scope of the article does not allow for a full description of the complete hemiplegic retraining program. Balance training and re-training of the lower extremity are briefly reviewed. Facilitation techniques for the upper extremity are covered in more detail, with illustrations of patterns of movement for the arm and instructions for the physical therapist working with the patient. The writer is enthusiastic about this type of training, noting that the difference in recovery control has been marked since these techniques have been employed.

HEREDITY

See 1196; 1231; 1235.

HIP--DISLOCATION

1215. McCarroll, H. R. (306 Beaumont Bldg., St. Louis 8, Mo.)

Congenital dysplasia and congenital dislocation of the hip in early infancy. (13) p.

In: Am. Acad. of Orthopaedic Surgeons Instructional Course Lectures. Ann Arbor, J. W. Edwards, 1957. Vol. XIV, Ch. III, p. 183-195.

Two distinct problems are encountered in the young infant with congenital anomalies of the hip--congenital dysplasia and true congenital dislocation of the hip. Dr. McCarroll discusses the physical signs in both conditions and means of arriving at the differential diagnosis. Treatment of both is considered. It is stressed that such treatment is relatively simple and conservative in the young infant as compared to that in older children and, as a rule, affords satisfactory results. Illustrated.

HOME ECONOMICS

See 1256.

HOMEBOUND--SPECIAL EDUCATION

1216. Simches, Raphael F. (N.Y. State Dept. of Educ., Bur. for Handicapped Children, Albany 1, N.Y.)

Home teaching provisions at the State level, by Raphael F. Simches and Erbert F. Cicienia. Exceptional Children. Sept., 1958. 25:1:11-15.

HOMEBOUND--SPECIAL EDUCATION (continued)

In order to evaluate the home instruction program in New York State and to compare it with provisions for instruction of the homebound in other states, the New York State Dept. of Education undertook a survey of state-subsidized home teaching services for handicapped children. State directors of special education were sent questionnaires on state aid formulas, type of children served, eligibility requirements, limits on amount of instruction given, and special certification requirements for teachers of the homebound. This article is an analysis of data received from 36 states.

See also 1177.

HOMEBOUND--SURVEYS--MINNESOTA

See 1192.

LARYNGECTOMY

1217. American Cancer Society. Illinois Division

Your new voice, by William F. Waldrop and Marie A. Gould. Chicago, Ill. Div., Am. Cancer Soc., 1956. 32 p. illus.

A booklet of procedures used successfully in the Rehabilitation Services of St. Luke's Hospital to aid the laryngectomized patient to recover his speech. Before presenting a series of practice exercises containing all the phonetic sounds in the English language, the authors offer some sound advice on adjusting to the condition. The mechanism of esophageal speech is explained briefly. Supplementary recorded material for use where experienced therapists are not available is in preparation.

Available from Illinois Division, American Cancer Society, 139 N. Clark St., Chicago 2, Ill.

LEG

1218. Ring, P. A.

Paralytic bone lengthening following poliomyelitis, by P. A. Ring and B. C. H. Ward. Lancet. Sept. 13, 1958. 7046:551-553.

Growth of the lower extremities in the first two years following an attack of poliomyelitis was studied in 48 children with an asymmetrical lower-limb paralysis. Of 33 patients observed during the first year, 23 exhibited overall lengthening of the more paralyzed extremity while 6 showed progressive shortening of the limb from onset of the disease. The authors report no apparent clinical distinction between the two groups. In the second year following poliomyelitis, the more paralyzed limb was usually the shorter of the two. Possible reasons for this finding are discussed. The resulting increase in length of the limb appears to reach an equilibrium after a year or so as the cartilage responds to changed conditions.

MENTAL DEFECTIVES

See 1179; 1199.

MENTAL DEFECTIVES--U.S.S.R.

1219. Wollen, W. (Leybourne Grange Colony, West Malling, Kent, England)

Mental deficiency in Poland and U.S.S.R. Am. J. Mental Deficiency.

Sept., 1958. 63:2:205-213.

In same issue: Schools for exceptional children, p. 204.

A view of mental deficiency and its treatment in Poland and Russia, based on personal experiences of the author, communications and recent literature. Because of geographical and economic conditions in these countries, mental deficiency does not constitute separate medical, social, or legal problems as it does in the West. Research and special services are not carried out to any great extent although lately, laboratory methods aimed at more correct diagnosis are becoming popular. Etiology and classification of mental defectives lags behind the work in this sphere in the West. Strictly medical treatment is used only in cases of known etiology; in all other cases habit training and work therapy are advocated. Hospitalization of mental defectives is used only in exceptional cases; emphasis is on home care.

The abstracted article on p. 204 is reprinted from "Education in the U.S.S.R.," published by the U.S. Office of Education in 1957. It describes very briefly special schools in Russia for the mentally retarded and educationally backward, the training and wages of special education teachers, organization of the training program, and admission criteria.

MENTAL DEFECTIVES--EMPLOYMENT

See 1260; 1261.

MENTAL DEFECTIVES--ETIOLOGY

1220.. Knobloch, Hilda (Clinic of Child Development, Ohio State Univ. School of Med., Columbus, Ohio)

Seasonal variations in the births of the mentally deficient, by Hilda Knobloch and Benjamin Pasamanick. Am. J. Public Health. Sept., 1958. 48:9:1201-1208.

A study of the admission to the Columbus (Ohio) State School of mentally defective children, born over a 35-year period, revealed the fact that significantly more had been born in the winter months (January, February, and March). The possibilities of dietary control in the prevention of disability are considered. A decreased food intake in pregnant women during the hot months of summer could result in damage to the developing baby. Data indicated that hotter summers were associated with a highly significant increase in the number of mental defectives born than following cooler summers. Findings do not invalidate the hypothesis of infection as a cause of prenatal damage to babies, however. Implications of the study for public health workers are pointed out.

MENTAL DEFECTIVES--MEDICAL TREATMENT

1221. Craft, M. (Royal Western Counties Hosp., Starcross, Devon, England)

Tranquillizers in mental deficiency; meprobamate. J. Mental Deficiency Res. June, 1958. 2:1:17-20.

A summary of the results of a double-blind clinical trial of the effects of meprobamate upon hyperactive low-grade defectives. Due to aggressive and destructive behavior when confined indoors during the winter months, these institutionalized patients present a serious problem. Of the 19 most difficult

MENTAL DEFECTIVES--MEDICAL TREATMENT (continued)

patients chosen for the trial medication, the majority appeared to be brain damaged but 3 had schizophrenia. Nearly all had been given previous dosages of hydroxyzine and chlorpromazine with little effect. In this current clinical trial with meprobamate, no toxic effects other than lethargy were noted nor was there significant weight change among patients. Judged from the statistical analysis of a rating scale, no significant improvements resulted from use of the drug.

1222. Wardell, David W. (Sonoma State Hosp., Eldridge, Calif.)

The use of reserpine and chlorpromazine in disturbed mentally deficient patients, by David W. Wardell, Harry K. Rubin, and Robert T. Ross. Am. J. Mental Deficiency. Sept., 1958. 63:2:330-344.

Describes a controlled experiment to determine the effects of chlorpromazine and reserpine on institutionalized, behaviorally disturbed, severely mentally deficient adult females. Behavior changes were rated by two separate methods--one objective, the other subjective. The newly devised "objective" rating scale appeared to show some evidence of being a reasonably sensitive and reliable method of measuring behavioral changes in patients of this type. Under conditions of the experiment, neither drug produced significant behavioral improvement in the group. Since the drugs have serious, potentially fatal side effects, they should be used cautiously under close medical supervision. Some patients did appear to show definite and worthwhile improvement on the drugs, especially when the side-effect of over-sedation can be eliminated. There was no way found, however, to predict which patients will show improvement on tranquilizing drugs.

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

1223. Alper, A. E. (Florida Farm Colony, Gainesville, Fla.)

A comparison of the Wechsler Intelligence Scale for Children and the Arthur Adaptation of the Leiter International Performance Scale with mental defectives. Am. J. Mental Deficiency. Sept., 1958. 63:2:312-316.

A brief review of previous studies comparing the relationship of the Arthur Adaptation and the Stanford-Binet tests and pointing out advantages of the Arthur Adaptation for use with children with speech and hearing difficulties and with mental defectives. The present study was made to determine the validity of the Arthur Adaptation by correlating results with those from the Wechsler Full and Performance Scales. The close relationship between their means and standard deviation seems to indicate substantial validity in this regard.

1224. Badt, Margit I. (Div. of Psychological Services, Children's Hosp., Buffalo, N. Y.)

Levels of abstraction in vocabulary definitions of mentally retarded school children. Am. J. Mental Deficiency. Sept., 1958. 63:2:241-246.

In same issue: Some relation between abstraction and word meaning in retarded adolescents, Belver C. Griffith and Herman H. Spitz. p. 247-251.

Previous research reported findings on a positive relationship between age and type of vocabulary definition given by normal children and indicated that mentally retarded children gave less abstract definitions at the same MA level. Subjects of the current study were 60 in-patients of a state school tested to assess ability to give abstract definitions. Scores were correlated with three variables--

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS (continued)

chronological age (CA), mental age (MA), and number of years spent in the institution. Evidence suggested that length of time spent in the institution strongly influences the levels at which mentally retarded children define words and manipulate concepts. The author believes this is additional illustration of the effects of institutionalization and maternal deprivation on intellectual functioning. The findings have implications in planning for the care and education of these children.

The second article describes the administration of a verbal abstraction test to a group of high grade mentally retarded adolescent boys. Results suggest that this type of retardate is most likely to achieve a verbal abstraction when he defines at least two of the three words in terms of a possible abstraction. These findings seem to parallel those of previous studies reporting excessive rigidity in subjects of limited intelligence. Implications of the results for further research and for the training of mental retardates are considered.

1225. Hermelin, Beate (Maudsley Hospital, London, England)

The rote and concept learning of imbeciles, by Beate Hermelin and N. O'Connor. J. Mental Deficiency Res. June, 1958. 2:1:21-27.

A report of an experiment in which 20 institutionalized male imbecile children were presented with 6 different discrimination tasks, some of which could be learned by the use of rote memory only. Others could be solved more effectively by the application of simple concepts of problem solving. It was found that these children were able to use such simple concepts but ability to classify and make note of essential similarities was relatively divorced from their ability to formulate these principles verbally. 15 references.

1226. Hiskey, Marshall S. (Teachers College, Univ. of Nebraska, Lincoln, Neb.)

Minimizing exaggerated changes in Binet ratings of retarded children, by Marshall S. Hiskey and Joseph M. Sadnavitch. Exceptional Children. Sept., 1958. 25:1:16-20.

Because a number of mentally retarded children tested at the Educational-Psychological Clinic of the University of Nebraska over a period of time achieved lower ratings when retested than on the initial test, the author investigated whether such changes actually occur and considered possible causes. Findings would indicate that differences between test performances (one year or longer apart) were the result of standardization of the Stanford-Binet instrument and were artificial differences. Discrepancies that exist between Binet ratings at different ages makes conversion to standard scores essential, in the authors' opinion. The findings have far-reaching implications involving the educational placement of the child.

1227. Molish, Herman B. (Neuropsychiatric Service, U.S. Naval Hosp., Bethesda, Md.)

Contributions of projective tests to problems of psychological diagnosis in mental deficiency. Am. J. Mental Deficiency. Sept., 1958. 63:2:282-293.

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS (continued)

A review of the literature concerned with the use of projective tests for exploration of a variety of problems related to diagnosis and personality structure in the mental defective. As a result of this approach, studies employing projective tests have shown that some patients have been erroneously diagnosed as mentally deficient on the basis of IQ alone, where actually intellectual retardation was caused primarily by an underlying personality disorder. The writer points out, however, that the validity of many of the tests and the experimental design in which they have been used, still demand careful evaluation. 54 references.

MENTAL DEFECTIVES--RECREATION

1228. Salvin, Sophia Tichnor (10036 Reevesbury Dr., Beverly Hills, Calif.)

Programs for severely mentally retarded pupils. Am. J. Mental Deficiency. Sept., 1958. 63:2:274-281.

A description and evaluation of two community recreation programs for the severely mentally retarded--a camping and a Scouting program. General findings and recommendations for the administration of such programs are discussed. A wide variety of voluntary and public agencies cooperated in the recreational service. Details of staffing, financing, transportation, facilities, and activities offered are included.

MENTAL DEFECTIVES--SPECIAL EDUCATION

1229. Stevens, Godfrey D. (United Cerebral Palsy Assns., 321 W. 44th St., New York 36, N. Y.)

An analysis of the objectives for the education of children with retarded mental development. Am. J. Mental Deficiency. Sept., 1958. 63:2:225-235. Reprint

A review of numerous statements of goals in the education of the mentally retarded, from literature which has been recognized as standard in the field. The author makes an analysis of these objectives in the hope that it may serve as a basis for modifications and restatement of existing objectives and lead to further developments in educational programs for the mentally retarded. Goals should meet the criteria which the author sets forth as necessary in solving the fundamental problems of daily existence for the mentally retarded. 18 references.

See also 1236.

MENTAL DEFECTIVES--SPEECH CORRECTION

1230. Harrison, Sam (Mental Retardation Project, Teachers Coll., Columbia University, New York, N. Y.)

A review of research in speech and language development of the mentally retarded child. Am. J. Mental Deficiency. Sept., 1958. 63:2:236-240.

A review of the literature concerning problems of speech and language development in the mentally retarded child. It is suggested that such information could be used subsequently in the development of evaluation instruments. The author summarizes accomplishments of research in this field and points out areas where further research might prove fruitful. 18 references.

MENTAL DEFECTIVES--STATISTICS

1231. Holt, K. S. (Univ. of Sheffield, Sheffield, Yorkshire, England)

The influence of a retarded child upon family limitation. J. Mental Deficiency Res. June, 1958. 2:1:28-36.

An analysis of data from interviews with 201 parents of retarded children in regard to their attitudes to additional pregnancies following the birth of a retarded child, factors affecting their decision for more children, and psychological affects on family life where child-bearing was limited after the birth of the retarded child. In 90 of 101 families not wanting more children, such an attitude appeared to be due directly to the presence of the retarded child. The doctor's responsibilities in dealing with parents of retarded children are considered briefly.

MENTAL DEFECTIVES--SURVEYS--GREAT BRITAIN

1232. Ferguson, T. (6 University Gardens, Glasgow, W. 2, Scotland)

After-histories of boys educated in special schools for mentally-handicapped children, by T. Ferguson and Agnes W. Kerr. Scottish Med. J. 1958. 3:31-38. Reprint.

In 1955 the authors of this article reported on the employment status of a series of girls educated in special schools for the mentally handicapped; this is a parallel report on a series of mentally handicapped young men educated in similar schools in Glasgow. An analysis is made of the home background, employment position at age 25, previous service in the armed forces, police records of those included in the survey, marital status, and the personnel characteristics which appear to influence employment or unemployment. While their adjustment from the employment point of view is reasonably satisfactory, the general social condition of many in the group leaves much to be desired.

MENTAL DISEASE--EMPLOYMENT

1233. Landy, David (Mass. Mental Health Center, Rehab. Project, 74 Fenwood Rd., Boston 15, Mass.)

Placement of the emotionally handicapped; employer willingness and counselor practice, by David Landy and Wilmot D. Griffith. J. Rehab. July-Aug., 1958. 24:4:17-18.

Reports findings of interviews with 52 employers in Boston and nearby communities undertaken by the vocational counselor of the Rehabilitation Project, Massachusetts Mental Health Center, in an attempt to place convalescent or discharged patients of mental hospitals. Attitudes of employers toward persons with a history of emotional illness, employers' willingness to follow through on actual hiring of patients or former patients, and the extent of the aid it is possible to give extremely dependent patients during the placement process are discussed here. Failure in placement of such persons seems to lie in premature referrals from the hospital, in poorly planned person-job arrangements, and the type of discharged patient who seeks the help of placement agencies in finding employment.

MONGOLISM

1234. Gibson, David (Ontario Hospital School, Smith Falls, Canada)

The relation of mongolian stigmata to intellectual status, by David Gibson and Robert J. Gibbins. Am. J. Mental Deficiency. Sept., 1958. 63:2:345-348.

MONGOLISM (continued)

In this study 14 diagnostic signs of mongolism selected on the basis of ease of recognition and relative age stability were related to the intellectual status of 32 mongoloids. Analysis demonstrated a significant relation in the direction of the greatest number of stigmata occurring in those mongolians with highest test intelligence. The authors discuss the results in terms of their relevance for the differential onset on mongolism in embryo.

MONGOLISM--ETIOLOGY

1235. Keay, A. J. (Dept. of Child Life and Health, Univ. of Edinburgh, Edinburgh, Scotland)

The significance of twins in mongolism in the light of new evidence. J. Mental Deficiency Res. June, 1958. 2:1:1-7.

A summary from the literature of the records of mongolism in twins; 162 pairs are included but the zygotic type is unknown in 49 of these. No satisfactory report of mongolism in one member only of a monozygotic pair exists. It was found that the incidence of monozygotic mongol twins is lower than theoretical calculations would indicate. Possible explanations for this seeming discrepancy are suggested. Further research is suggested on both the possibility of discordance in monozygotic pairs and on fetal loss in concordant pairs.

MULTIPLE HANDICAPS

See 1202.

MUSIC THERAPY

1236. Murphy, Mary Martha (Mental Hygiene Clinic, Stockley, Delaware)

A large scale music therapy program for institutionalized low grade and middle grade defectives. Am. J. Mental Deficiency. Sept., 1958. 63:2:268-273. Reprint.

Describes results of an experimental large scale music therapy program at Woodbine State Colony, New Jersey. Two employees of the colony with professional experience in the field of music present half-hour programs in cottages housing low and middle grades of defectives. Aim of the therapeutic technique is to stimulate active spontaneous participation in the hope that it might promote developmental learning in the social-emotional, motor, and language areas. Progressive learning observed over a 9-month period in the cottage housing hyperactive and emotionally disturbed adolescents suggests that music therapy provides relaxed enjoyment for patients in addition to other desirable outcomes.

NEUROLOGY

1237. Hellebrandt, F. A. (RFD #3, Cable Lane, Athens, Ohio)

The physiology of motor learning. Cerebral Palsy Rev. July-Aug., 1958. 19:4:9-14.

An article condensed from a Seminar presented at the University of Wisconsin in 1958 while the author was a Visiting Lecturer in the Department of Physical Education for Women. From an extensive review of the literature and as the result of research studies in which the author has participated, she presents

NEUROLOGY (continued)

a detailed discussion of the neurophysiology of motor learning. Theories of motor learning are considered and some unsolved problems in the area of motor achievement are pointed out.

See also 1269; 1270.

NURSERY SCHOOLS

See 1259.

NURSING

See 1246.

NURSING--BIOGRAPHY

1238. Erickson, Marlyss C. (Milwaukee County Hosp. School of Nursing, Milwaukee, Wis.)

A new hand, a new life. Am. J. Nursing. Oct., 1958. 58:10:1392-1393.

Reprint.

The personal account of a nurse who lost her right hand in a hunting accident, was rehabilitated through her determination to resume her nursing career, and now lives an independent life with the aid of a prosthesis.

See also 1266.

NUTRITION

See 1204.

OLD AGE--ILLINOIS

1239. Larson, Dale C. (Ill. Public Aid Commission, Regional Office, 717 Main St., Peoria, Ill.)

Geriatric rehabilitation in Illinois. Indust. Med. and Surg. Sept., 1958. 27:9:466-468. Reprint.

A description of a research and demonstration program in Illinois, the outgrowth of recommendations made by the Illinois Advisory Committee on Aging in a comprehensive study report presented in 1954. Designed to show that recipients of Old Age Assistance, for whom nursing home or state mental hospital care had been recommended by the family physician, could be restored to active community living, the program has demonstrated its value in its first year of operation. Of the 28% judged likely to benefit from such a program, half have already returned to their own homes. The research project hopes to recruit a group of 45 cooperating nursing homes to serve as research laboratories for determining rehabilitation needs of these patients and whether needs can be met by agencies already existing in the community. Other needs of older persons which demand research are discussed briefly.

OLD AGE--NEW YORK

2140. New York. Interdepartment Committee (on) Problems of the Aging.

Salute to the aging; a guide to New York State services for senior citizens. Albany, Off. of Special Asst., Problems of the Aging, 1958. 75 p.

OLD AGE--NEW YORK (continued)

Prepared as a guide to existing services for middle aged and older persons in New York State, this booklet offers information on educational and recreational opportunities, employment problems, health services, consumer education, housing, life and medical care insurance, mental health services, planning for retirement, welfare assistance, and workmen's compensation. The directory section lists medical clinics of certain types, state employment offices, local and regional health offices, departments of public welfare, and workmen's compensation offices.

Free copies of the booklet may be obtained from the Office of Special Assistant, Problems of the Aging, State Capitol, Albany, N. Y.

OLD AGE--MENTAL HYGIENE

1241. Morrow, Thomas F. (3420 Douglas Ave., Wichita 8., Kan.)

Rehabilitation of the aged; importance of psychiatry in treatment, by Thomas F. Morrow and Doris M. Rosenbaum. J. Kan. Med. Soc. May, 1958. 59:5: 215-219. Reprint.

A discussion of the treatment program for aged patients at Prairie View Hospital, Newton, Kansas, which utilizes the team efforts of a psychiatrist, a psychologist, social worker, a psychiatric nurse, and an aide in planning the mode of therapy best designed to give maximum help. Careful evaluation of the patient on admission to the hospital and interviews with the closest relative aid in an understanding of the patient. Three case histories illustrate how the program is administered.

OLD AGE--OCCUPATIONAL THERAPY

1242. Senior Citizens Service Center, Los Angeles (306 W. 3rd St., Los Angeles 13, Calif.)

Hobby therapy as an activity in homes for the aged; an experiment. Los Angeles, The Center, n.d. 29 p. Mimeo.

A description and evaluation of a hobby program conducted in a selected home for the aged by an occupational therapist. Patients ranged from the mentally alert, well aged to the nonpsychotic senile, including those with mild mental symptoms, some of whom were bedfast. Both group and individualized instruction was given. The evaluation summary covers types of activities initiated, response of patients, costs of the program, effect on individual adjustment, and observations of behavior during group therapy sessions. Recommendations of the occupational therapist for conducting such a program are included.

OSTEOCHONDRITIS

1243. Broder, Harold M. (255 S. 17th St., Philadelphia 3, Pa.)

Prognosis in Legg-Perthes disease. J. Pediatrics. Oct., 1958. 53:4:451-463.

A report of a study of 208 cases of Legg-Perthes disease to determine factors of prognostic significance. The end result of treatment was found to be directly influenced by the age of the patient, severity of involvement, and the status of progression of the disease at the time treatment was begun. Younger patients with less severe involvement have an excellent prognosis when treatment is begun early. Prognosis becomes less favorable in proportion to severity of the involvement and late treatment. Ambulatory nonweight-bearing methods of treatment produce equally good results as complete bedrest with or without traction and are preferable except in cases of bilateral simultaneous involvement.

PARAPLEGIA--EQUIPMENT

See 1178.

PHYSICAL THERAPY

1244. Humphrey, Thomas L. (1849 9th St., Santa Monica, Calif.)

Applying facilitation technics to self-care training, by Thomas L. Humphrey and O. Leonard Huddleston. Phys. Therapy Rev. Sept., 1958. 38:9:605-609.

Presents an outline with specific examples to illustrate how reinforcement methods can be applied to self-care motions. The use of reinforcement methods and facilitation techniques during such training is a logical extension of their use in neuromuscular reeducation. The physical therapist with a basic understanding of neurophysiology can, with proper instruction, apply facilitation techniques to a wide variety of therapeutic exercises and rehabilitation activities. Article is illustrated.

POLIOMYELITIS

See 1245.

POLIOMYELITIS--MEDICAL TREATMENT

See 1218.

POSTURE

1245. Willner, Philip (852 S. 11th St., Newark 8, N.J.)

Poor posture; the result of undiagnosed poliomyelitis. J. Internatl. Coll. Surgeons. Apr., 1958. 29:4:460-463. Reprint.

Poor posture should not be considered a "bad habit," Dr. Willner believes, since it is more often the result of muscle tightness and mild muscle weakness secondary to a nonparalytic or extremely mild paralytic poliomyelitis infection. Proper muscle stretching until the normal physiologic muscle length is obtained would prevent the development of many orthopedic signs and symptoms in later life. From studies reported in the literature on the incidence of poliomyelitis, the author concludes that the disease is more widespread than believed and often goes undiagnosed as such because of the mildness of the infection.

PRACTICAL NURSING--STUDY UNITS AND COURSES

1246. Hansel, Vera P. (Practical Nurse Education Section, U.S. Off. of Health, Education, and Welfare, Washington 25, D.C.)

The practical nurse in rehabilitation. School Life. Sept., 1958. 41:1:18-19.

A discussion of the curriculum planned for practical nurse training and how the concept of rehabilitation nursing is best portrayed to the student. Particular courses which should be incorporated in the curriculum are suggested.

PSYCHIATRY

1247. Marmor, Judd (420 N. Camden Dr., Beverly Hills, Calif.)

Psychiatric aspects of chronic disease and rehabilitation. Calif. Med.

May, 1958. 88:5:350-353. Reprint.

The process of rehabilitation consists of three major phases--physical restoration, rehabilitative education, and psychological rehabilitation. In Dr. Marmor's opinion, the last phase is the most important; if not carried out

PSYCHIATRY (continued)

successfully, efforts at physical and educative rehabilitation may fail. He discusses factors influencing various reactions of the disabled to their handicap, and attitudes of the patient's family, members of the therapeutic team, and of society which affect successful rehabilitation. The physician responsible for planning the rehabilitation program should be aware of the help available from social workers and vocational counselors. In setting goals for the patient, however, caution should be exercised. Too much stress placed on physical recovery can sometimes result in harm to the total emotional adjustment.

1248. Wenar, Charles (University of Pennsylvania School of Med., Philadelphia 4, Pa.)

The degree of psychological disturbance in handicapped youth. Exceptional Children. Sept., 1958. 25:1:7-10, 15.

A report of a study testing the hypothesis that there is no significant difference in the depth of psychological disturbance in handicapped and non-handicapped adolescents needing professional help. Areas of personality investigated were stability of control, debilitation, depression, impulsivity, anxiety, social alienation, oral concern, physiological preoccupation, passivity, childishness, and concern with danger. Clinical evaluation of the degree of disturbance was made. The important implication of the findings is that physical handicap cannot be equated with psychological disturbance; it is suggested that the issue should be to determine personality factors which influence the type of adjustment the individual makes to his handicap. The study should not be construed to mean, however, that no differences exist between handicapped and non-handicapped children.

The study represents one aspect of a more comprehensive evaluation of the services of the Guidance and Counseling Assn. for Handicapped Youth in Chicago.

See also 1241.

PSYCHOLOGICAL TESTS

1249. Motto, Joseph J. (8635 Elmira St., Detroit 4, Mich.)

The MMPI performance of veterans with organic and psychiatric disabilities. J. Consulting Psych. Aug., 1958. 22:4:304.

The brief report of a study undertaken to investigate the Minnesota Multiphasic Personality Inventory performance of two groups of disabled veterans, to determine possible areas where significant difference in terms of personality functioning was exhibited. Particularly, attention was given to the K correction scale to determine whether significant differences existed in the "test-taking attitude" of veterans with psychiatric as compared to those with organic disabilities. Results of statistical analysis of the data are discussed. An extended report of the study is available from the author.

PSYCHOTHERAPY

See 1208.

PSYCHOLOGY

1250. Himler, Leonard E. (4038 Jackson Rd., Ann Arbor, Mich.)

Motivation of the patient in rehabilitation. Indust. Med. and Surg. Sept., 1958, 27:9:439-442. Reprint.

A review of some mental health principles as they are related to the patient with a rehabilitation problem, forces which can be utilized to aid in rehabilitation and cooperation with the rehabilitation worker, psychological factors which impede rehabilitation efforts, and their implications for planning the treatment program. Success in rehabilitation programs depends, in a large part, on the effectiveness of the team approach and staff morale.

1251. Masterman, Louis E. (Community Studies, Inc., 417 E. 13th St., Kansas City, Mo.)

Some psychological aspects of rehabilitation. J. Rehab. July-Aug., 1958. 24:4:4-6, 26.

A report and discussion of the findings of a recent study conducted by the author on a group of 250 disabled persons who were subjects of the Kansas City Rehabilitation Experiment. In the group representing both sexes and all ages, psychological problems serious enough to interfere to some degree with maximum rehabilitation success were found in 83%; almost half the group needed special treatment measures if rehabilitation was to succeed. However, only 2% of the group were considered so seriously disturbed that no benefits could be expected from rehabilitation efforts. One of the most surprising of the findings was that older people, from the psychological standpoint, were by far the best rehabilitation prospects. Influence of age and sex, marital status, economic status, and time of onset of disability, as well as type of disability, on prognosis for rehabilitation is discussed.

REHABILITATION--GREAT BRITAIN

1252. Flowers, W. S.

Rehabilitation; a challenge to the community. Soc. Service Quart. Sept.-Nov., 1958. 32:2:60-63.

Welfare of the Disabled, no. 19.

A brief review of advances in the care and treatment of the disabled, society's attitude toward the disabled, and the services available to aid the disabled in finding employment and a place in the community life. The author mentions two recent books, one American and the other British, showing how the challenge of rehabilitation is presented in different ways. In one--"Rehabilitation, a community challenge," by W. Scott Allan (see Rehab. Lit., June 1958, #714)--responsibility for the organization of rehabilitation services is placed on the community. The British book--"Rehabilitation after illness and accident," edited by Thomas M. Ling and C. J. S. O'Malley (see Rehab. Lit., Aug. 1958, #952)--written primarily for the medical profession, stresses the physician's responsibility in providing effective programs.

1253. Zinovieff, A.

Some results of rehabilitation of injured miners. Annals Phys. Med. Aug., 1958. 4:7:255-258.

REHABILITATION--GREAT BRITAIN (continued)

Describes the work of rehabilitation centers established for the benefit of injured miners in England and Wales. Originally sponsored by colliery owners and supported by the National Union of Mineworkers, these centers were taken over by the National Health Service when it came into being. The article covers admission requirements, types of injuries treated, average cost and stay at the center, and final resettlement classification as compared to disability classification on discharge.

REHABILITATION--VERMONT

1254. Smith, Robert Pease (DeGoesbriand Hospital, Burlington, Vt.)

Vermont's many-pronged attack on chronic illness and disability. J. Maine Med. Assn. Apr., 1958. 49:4:145-147. Reprint.

Describes a highly complex but integrated program adopted by the State of Vermont to deal with problems of chronic illness and disability. Beginning with a statewide survey to determine extent of needs and the best possible means to serve them, the Commission for the Chronically Ill and Aged recommended a central rehabilitation center serving the whole state. Located in Burlington at DeGoesbriand Memorial Hospital, it provides comprehensive services. Various State departments are working on preventive aspects and social service problems of patients. Long-term care will be administered in local hospitals. Special features of the program are a Cardiac Work Classification Unit, an evaluation clinic for crippled children at the Burlington center, a sheltered workshop, rehabilitation houses for the mentally ill returned to the community, and an Alcoholic Rehabilitation Commission. The College of Medicine is cooperating by offering a training program for all types of personnel specializing in the rehabilitation field and has a research program under way to investigate problems of chronic illness and disability.

REHABILITATION--FINANCE

1255. Inflation and the crippled child. J. Natl. Med. Assn. Sept., 1958. 50:5:380, 384.

Specialized care of the crippled child, requiring the services of a wide variety of medical and ancillary specialists, has become so expensive that the family of ordinary means cannot afford it nor is the general hospital able to provide such services. In metropolitan areas, however, or on a regional basis, children's hospitals provide the care needed by these children; financing of care is often arranged by interested organizations. The editorial quotes briefly some statistics from a recent article by Dr. Helen M. Wallace (Pediatrics, Oct. 1957) on the costs of caring for 770 cerebral palsied children. General practitioners and pediatricians in private practice are urged to recognize defects in young children and recommend treatment in order to prevent deformities of a permanent nature.

REHABILITATION--PERSONNEL

See 1194; 1246.

REHABILITATION--PROGRAMS

1256. U. S. Women's Bureau

Help for handicapped women. Washington, D. C., Gov't. Print. Off., 1958. 52 p. illus. (Women's Bur. pamph. 5)

Developed through the cooperation of the Women's Bureau of the U. S. Dept. of Labor and the Office of Vocational Rehabilitation, this pamphlet points out resources available for the rehabilitation of disabled women, particularly services and activities of the Federal-State vocational rehabilitation program.

Also discussed are types of occupations open to women after rehabilitation, aids for the disabled homemaker in home management and child care, special legal provisions for financial assistance to handicapped women and their families, community resources, the employment service program, and careers open to women in the rehabilitation field. Professional requirements for various rehabilitation workers are mentioned. Sources for further information on vocational rehabilitation are included, with a listing of the location of state vocational rehabilitation agencies.

Available from U. S. Superintendent of Documents, Government Printing Office, Washington 25, D. C., at 40¢ a copy.

REHABILITATION--STUDY UNITS AND COURSES

1257. Felton, Jean Spencer (Univ. of Calif. Med. Center, Los Angeles, Calif.)

Medical school and sheltered shop. J. Rehab. July-Aug., 1958. 24:4:12,14, 43.

Cooperation between the University of Oklahoma School of Medicine and Goodwill Industries of Oklahoma City has provided opportunity for medical students to become acquainted with industrial medical problems, rehabilitation procedures, and the multiple factors affecting rehabilitation. The program has proved to be of mutual benefit to the medical school and to the sheltered workshop of Goodwill Industries.

REHABILITATION--SURVEYS--CALIFORNIA

1258. Babow, Irving (Dr. Watts, 909 Hyde St., San Francisco 9, Calif.)

Experience with a community health council questionnaire for practicing physicians, by Irving Babow, Malcolm S. M. Watts, and Betty Samuel. J. Am. Med. Assn. Sept. 20, 1958. 168:3:268-270.

A brief report on experience with a community fund health council questionnaire for practicing physicians by which they reported on health and welfare needs of their patients as an aid to the community fund and interested health and welfare agencies. (For additional information on the original report, see Rehab. Lit., July, 1958, #801.) Copies of the questionnaire and 24-page summary interpreting the data are available from United Community Fund of San Francisco, 2015 Steiner St., San Francisco 15, Calif., at \$1.00.

SEGREGATION AND NONSEGREGATION

1259. New York Guild for the Jewish Blind (1880 Broadway, New York 23, N. Y.)

Small children in segregated and non-segregated school settings: I. The segregated setting; positive values and problems, by Jane Miller Kerina; II. The non-segregated setting; positive values and problems, by Rebekah Shuey; III. Denial and infantilization; two pitfalls in the choice of setting, by Wilfred C. Hulse. New Outlook for the Blind. Sept., 1958. 52:7:249-260.

SEGREGATION AND NONSEGREGATION (continued)

Papers presented in 1958 at the Third Institute of the Social Service and Groupwork and Recreation Departments of the New York Guild for the Jewish Blind. The first two articles discuss the positive values for the preschool blind child in both the segregated and nonsegregated school; personal observations of both situations are used to illustrate that each has a particular contribution to make in the growth and development of the blind child. The third article considers two tendencies common to parents and teachers alike which influence the choice of a school setting for the blind child. Denial of the handicap and over-protection of the blind child can cause lasting damage to the child in his acceptance of the reality of his handicap.

SHELTERED WORKSHOPS

1260. Doll, Edgar A. (Chuckanut Drive, Box 143, Bellingham, Wash.)

Sheltered workshops for the mentally retarded. Exceptional Children. Sept., 1958. 25:1:3-4.

Dr. Doll defines a broad concept of sheltered workshops as a means of assisting the adult mentally retarded, young adults especially, and the mentally deficient or marginally deficient retarded. In his opinion it should be conceived as a comprehensive program rather than a specific operation limited to providing employment. All forms of assistance directed toward self-help, self-improvement, and self-adequacy should be offered. Possibilities for workshops set up on these premises are manifold.

1261. Dubrow, Max (116 E. 27th St., New York 16, N. Y.)

Work procurement and job production. Am. J. Mental Deficiency. Sept., 1958. 63:2:355-359.

The Training Center and Workshop established in 1953 by the Association for the Help of Retarded Children, New York City, has been enlarged the past two years under a grant from the Office of Vocational Rehabilitation. The Director of the Center describes types of contract work secured for the Workshop, methods of obtaining contract work, the basis of charges to customers for work performed, and the techniques employed to raise the production level of retarded workers. Where possible, contract work is selected both on the basis of its training value and for the yield in income for workers. Much of the information presented would apply generally to all types of sheltered workshops.

1262. National Association of Sheltered Workshops and Homebound Programs

The role of the workshop in rehabilitation... a report of the National Institute on... Bedford, Pennsylvania, April 15-18, 1958; sponsored by the... and the National Rehabilitation Association... Washington, D. C., The Association, 1958. 114 p.

Leaders and representatives of organizations concerned with operating workshops for handicapped persons participated in the Institute to determine needs of handicapped persons, what rehabilitation services could provide to meet these needs, and where the workshop fits into the total rehabilitation situation. It was recognized that few workshops with their specialized emphasis currently provide the wide range of services necessary for comprehensive rehabilitation. The Institute examined various patterns of workshop

SHELTERED WORKSHOPS (continued)

programs, their objectives and functions, their administration, legislation affecting their development, and their role as a community resource. The importance of coordinating the workshop program with other rehabilitation resources in the community was stressed. A bibliography of selected annotated references, arranged to correspond with the ten sections of the Institute report, is given in conclusion.

Available from the National Institute on the Role of the Workshop in Rehabilitation, 1229 Twentieth St., N. W., Washington 6, D. C.

See also 1257; 1265.

SHELTERED WORKSHOPS--ADMINISTRATION

1263. Small, Sylvester J.

Purchasing agents are human. J. Rehab. July-Aug., 1958. 24:4:10-11, 27, 44-45.

The Materials Manager of Republic Aviation Corporation offers sound advice on the acquiring of subcontracting work by organizations employing the handicapped. In tracing the relationship of his corporation to Abilities, Inc., the manufacturing plant originated by Henry Viscardi, Jr. for the employment of the severely disabled, Mr. Small illustrates good business practices observed by both parties in subcontracting. He defines subcontracting, indicates its volume in American industry, and reviews reasons why such practices are employed by industrial firms. The article contains much useful information for those engaged in operating sheltered workshops or planning to provide employment opportunities to the handicapped.

SOCIAL WELFARE--MINNESOTA

See 1271.

SPECIAL EDUCATION

1264. Siggelkow, Richard A. (Univ. of Buffalo, Buffalo, N. Y.)

Were the Starkweather murders necessary? School and Society. Sept. 27, 1958. 86:2137:335, 337.

An examination of the known facts concerning the personality of a 19-year old mass murdered recently reported in the newspapers of the country brought to light many obvious signs of his severe maladjustment from early childhood on. The writer considers what responsibility the public schools should accept in providing guidance for children with physical, social, and emotional problems.

See also 1272; 1273.

SPEECH CORRECTION

See 1274.

VOCATIONAL GUIDANCE

1265. United Cerebral Palsy Associations of Massachusetts (213 Newbury St., Boston 16, Mass.)

Pre-vocational training for the cerebral palsied, by O. V. R. and...

Boston, The Assns., 1957. 15 p. Mimeo.

The Adult Service Committee of UCP of Massachusetts worked with representatives of the U. S. Office of Vocational Rehabilitation in compiling information presented here on the needs of adolescent and adult cerebral palsied persons and on ways of meeting needs in the vocational area. Program guide lines are drawn up for pre-vocational training of this group; objectives are outlined and suggestions made for case identification, securing experienced leadership of the program, defining the responsibilities of leaders and advisory committees, types of activities to be utilized, and the development of cooperative relations with community resources. Included is a special form devised for referral purposes and recommendations to local chapters of UCP for the improvement of adult services.

VOLUNTARY HEALTH AGENCIES

See 1271.

VOLUNTEER WORKERS

See 1198.

WALKING

1266. Taylor, Margaret S. (Univ. of Calif. School of Nursing, Berkeley, Calif.)

The patient on crutches. Nursing World, Oct., 1958. 132:9:26, 34.

A nurse-turned-author describes her recent experiences when a leg injury necessitated a cast reaching from her hip to her toes. She offers very practical suggestions for making such an experience less frustrating and tiring, some of which can be applied by the nurse and others by the patient. Self-help is fine, she believes, but independence too soon can be irritating while the patient is learning to cope with the mechanics of daily living while handicapped.

WORKMEN'S COMPENSATION

1267. Pinto, Sherman S. (803 First Natl. Bank Bldg., Denver, Colo.)

Heart disease and workmen's compensation; abstract of medical aspects.

A.M.A. Arch. Indust. Health, May, 1958. 17:5:437-443. Reprint.

Heart disease can be divided into two main classes where workmen's compensation is concerned--that which is present at the time of employment and the second, acquired after employment. Dr. Pinto discusses briefly the effects of congenital heart disorders, arteriosclerosis and atherosclerosis, the frequency of coronary attacks, and the effect of high blood pressure on heart disease. Problems which arise in connection with workmen's compensation decisions where heart disease is present are considered. An Expert Panel Plan for the review of heart compensation cases is recommended; the author outlines benefits to be gained through use of such a plan in arriving at correct judgements.

New Books Reviewed

HARD OF HEARING

1268. Streng, Alice

Hearing therapy for children; 2d rev. ed., by Alice Streng (and others). New York, Grune & Stratton, 1958. 352 p. illus.

Basic format and content of the first edition of this book designed to cover special skills and knowledge needed by members of professional groups working with hearing handicapped children have been retained, with revisions to bring the discussions up to date. Chapters are devoted to problems of deafness in children, causes of hearing losses and their medical treatment, audiometric tests and case finding, clinical audiometry, hearing aids for children, and educational methods for children having hearing losses ranging from mild to profound. Extensive bibliographies and an index add to the book's usefulness.

Available from Grune & Stratton, 381 Fourth Ave., New York 16, N. Y., at \$6.75 a copy.

NEUROLOGY

1269. Ciba Foundation

...Symposium on the neurological basis of behavior...ed. by G. E. W. Wolstenholme and Cecilia M. O'Connor. Boston, Little, Brown & Co., 1958. 400 p. illus.

Contains the proceedings of a symposium held in London in 1957 which was attended by men prominent in the fields of neurology, physiology, psychology, biology, psychiatry, and medical research. Material discussed ranged from microphysiology of neurones to phenomena of behavior and psychology. Techniques employed in studying the neurological substratum of behavior were representative of a wide range of methods including anatomical, histological, neurophysiological, electrophysiological, pharmacological, biochemical, clinical, and strictly behavioral methods.

Available from Little, Brown and Co., 34 Beacon St., Boston, Mass., at \$9.00 a copy.

1270. Henry Ford Hospital, Detroit.

Reticular formation of the brain; ed. by Herbert H. Jasper (and others). Boston, Little, Brown & Co., c1958. 766 p. illus. (...International Symposium, Detroit, March 14-16, 1957)

The proceedings of a symposium which could be considered a sequel to the symposium on Brain Mechanisms and Consciousness, held in Quebec in 1953. Seventy-two international specialists in the fields of neurology, neurosurgery, and the behavioral sciences presented papers representing clinical and laboratory findings on the neuroanatomical and neurophysiological aspects of a portion of the nervous system that appears to function as a prime central mechanism of integration for brain function.

Available from Little, Brown and Co., 34 Beacon St., Boston, Mass., at \$16.80 a copy.

SOCIAL WELFARE--MINNESOTA

1271. Rogers, William C. (University Campus, 15th & Washington Ave., S.E. Minneapolis, Minn.)

Minnesota voluntary associations; a description, an analysis, and a directory. Minneapolis, State Organization Service, Univ. of Minnesota (1958). 62 p. Mimeo. Paperbound.

The introductory section comments briefly on the importance of voluntary associations in the social structure and problems encountered by such groups. Based on a questionnaire survey, a general analysis is made of 300 state-wide associations, their memberships, organizational structure, period of existence, purposes and interests, paid personnel, and fund-raising activities. A classified list of associations surveyed is included. Dr. Rogers', discussion of voluntary associations in general and his analysis of Minnesota groups are interestingly presented and include personal observations that are pertinent to the study. The author is Director of State Organization Service, General Extension Division of the University of Minnesota.

SPECIAL EDUCATION

1272. Cruickshank, William M., ed.

Education of exceptional children and youth; ed. by William M. Cruickshank and G. Orville Johnson. Englewood Cliffs, N.J., Prentice-Hall, 1958. 723 p.

Eleven authorities in the field of special education contributed chapters to this book offering basic information on the nature and development, significant characteristics, and specific aspects of education for children in all areas of exceptionality--the mentally gifted, the mentally handicapped and deficient, the partially sighted, the blind, those with impaired hearing, with speech handicaps, with crippling conditions and chronic medical problems, the socially maladjusted and emotionally disturbed. The panel of authors is representative of those who have had actual classroom experience with a particular group of exceptional children, advanced graduate work in the field, supervisory or administrative experience, or teaching experience in the field on the college level. Material is restricted to education and the educational concepts in this field; psychological aspects of exceptional children were covered in a previous book published in 1955. Together, the two books should provide comprehensive coverage for a diversified and complex subject..

Available from Prentice-Hall, Publishers, Englewood Cliffs, N.J., at \$6.95 a copy.

SPECIAL EDUCATION

1273. Magnifico, L. X.

Education for the exceptional child. New York, Longmans, Green & Co., 1958. 371 p.

A textbook intended for advanced students, experienced teachers and administrators who wish to survey the field of special education for exceptional children. The author is qualified by his "grass-roots" experience both as a teacher and as a guidance counselor for exceptional children, especially the mentally retarded, slow learners, gifted, and socially handicapped. Current

SPECIAL EDUCATION (continued)

trends and educational concepts in this field are purposely presented in a controversial manner deliberately to provoke further study and research. Dr. Magnifico discusses ways and means of identifying ability and disability, methods for improving the quality of education, and procedures for sound administration of programs of special education. He has previously contributed articles to educational journals, especially on the controversial subject of segregated vs. nonsegregated education for the exceptional (see Rehab. Lit., May, 1958, #506 and July, 1958, #808). Dr. Magnifico is currently Chairman of the Department of Special Education at the University of Tennessee.

Available from Longmans, Green & Co., 55 Fifth Ave., New York 3, N. Y., at \$4.75 a copy.

SPEECH CORRECTION

1274. Van Riper, Charles

Voice and articulation, by Charles Van Riper and John V. Irwin. Englewood Cliffs, N. J., Prentice-Hall, 1958. 566 p. figs.

Because much of the knowledge concerning the areas of voice and articulation has never been systematized and principles underlying therapy have not been clearly stated, the authors have organized the sections of this textbook on the treatment of voice and articulation disorders in terms of information theory (automatic control through feedback) and in terms of modern learning theory. Although, in their opinion, the theory is frankly speculative and not as yet supported wholly by research, they believe that advances in the future will bear out its soundness. The second portion of the book covers information on the normal production of voice and articulated speech since an understanding of the normal aids in comprehension of the abnormal. The nature and causes of defective articulation and voice disorders, testing, and therapy are covered comprehensively. A very extensive bibliography is included (p. 497-536).

Available from Prentice-Hall, Publishers, Englewood Cliffs, N. J., at \$9.25 a copy.



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